

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

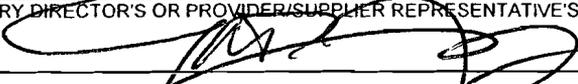
PRINTED: 06/15/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2006
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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	INITIAL COMMENTS The annual Life Safety Code Survey was conducted at your facility on May 19, 2006. Based on observation, interviews and record reviews, the following deficiencies were cited.	K 000		
K 017	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety inspection, it was determined that wall surfaces were not in good condition to prevent the passage of smoke in the event of a fire. The findings include: Penetrations in the walls were observed in the following locations:	K 017	NFPA 101 LIFE SAFETY CODE STANDARD 1. All penetrations in the walls found at the time of the survey were repaired upon discovery. 2. Other areas with the potential for similar error were reviewed and repaired if needed. 3. The Maintenance aides will check smoke barriers for penetrations every month. They will report their findings to the Director of Maintenance. 4. The Director of Maintenance will oversee this monitoring. He will report his findings and any needed action plans to the quarterly Quality Improvement Committee which is chaired by the Administrator.	5/19/06 7/2/06 7/2/06 6/30/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/2/2006
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Revised
7/17/06

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K 017	Continued From page 1 1. 1 North pantry in one (1) of two (2) observations on May 19, 2006 at approximately 9:30 AM 1. 2 South, 2 North, 3 North and 3 South in the janitor's closet in four (4) of six (6) observations on May 19, 2006 between 8:30 AM and 3:30 PM. 2. 2 North room 201 and dining room in two (2) of two (2) observations on May 19, 2006 at approximately 10:30 AM. 3. Laundry room in one (1) of one (1) observation on May 19, 2006 at approximately 3:00 PM. 4. 3 North electrical closet in one (1) of two (2) observations on May 19, 2006 at approximately 1:00 PM.	K 017		
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and record review during	K 050	NFPA 101 LIFE SAFETY CODE STANDARD 1. Fire drills are consistently conducted one per shift per quarter with appropriate documentation for each one kept by the Director of Maintenance. 2. The Safety Committee will review the fire drill records at their meetings to ensure the drills are conducted and documented appropriately. 3. The Assistant Administrator will monitor the fire drills and their documentation to ensure compliance. 4. He will report his findings and any necessary action plans to the quarterly Quality Improvement Committee which is chaired by the administrator.	7/2/06 7/2/06 7/2/06 6/30/06

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K 050	<p>Continued From page 2</p> <p>the Life Safety inspection, it was determined that fire drills were not conducted at least quarterly on each shift.</p> <p>The findings include:</p> <p>A review of the fire drill log revealed that one (1) fire drill was conducted: the first quarter, February 23, 2006 (no time indicated); and one (1) fire drill was conducted the second quarter, April 27, 2006 (first shift). There was no additional documentation to indicate that additional fire drills were conducted.</p>	K 050		
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